

CATHOLIC CHURCH OF SAINT MONICA

Parental Permission For Minor Volunteer (12 and under)

My child, _____ ,
(Name)

has my permission to volunteer for

(Service/Program)

on _____ .
(Dates)

This program may be videotaped/photographed or recorded and distributed and viewed by/at the Catholic Church of Saint Monica.

(Parent Signature)

(Date)

(Parent Printed Name)

(Phone)